S No	hild Yes	ncome, transactions, or liabilities of a spouse or dependent child	Exemptions Have you excluded from this report any other assets, "uneamed" income, transactions, or because they meet all three tests for exemption?
Yes No C		tee on Standards of Official Conduct and certain other "excel details of such a trust benefiting you, your spouse, or depen	Trusts-  Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
	STIONS	ATION ANSWER EACH OF THESE QUE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS
		schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
appropriate	d and the a	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability  V. (more than \$10,000) during the reporting period?  Yes ✓ No ☐
	ļ	If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
Yes No 🗸		Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any  IV. reportable asset in a transaction exceeding \$1,000 during the reporting  Yes V No
, g	   	If yes, complete a	more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
<b>5</b>		Did you hold any reportable positions on or before the date of filing in the VIII, current calendar year?	
}		If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
Yes No 🔾	,	Old you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$305	Did any individual or organization make a donation to charity in lieu of paying  (I. you for a speech, appearance, or article in the reporting period?  Yes No
	<u> </u>   	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
Yes No 🗸		Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
		QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
more than 30 days late.	more that	Termination Date:	Report Type Annual (May 15)  Amendment  Termination
A \$200 penalty shall be assessed against anyone who files	A \$200 p be asses	Officer Or Employing Office: Employee	Filer  Member of the U.S.  State: MO  House of Representatives District: 04
Office Use Only) TAKES	(Office	(Daytime Telephone)	(Full Name)
2003 MAY 19 PM 3: 59 UA	ZAM BOAY	202-225-2876	lke N. Skelton
A COLOR BESOURCE CENTER	7		
UVAND ACTIACKED	NAG	FORM A  Page 1 of 5  For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007
プラロミアファフ			

## SCHEDULE 1 - EARNED INCOME

Name Ike N. Skelton

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,		
	Missouri State Senate - Retirement State Senate 6 years	Missouri State S
\$8 252		Source
Amount	Type	\$1,000.
nly the source for other spouse carried movements.	List the source, type, and amount of earned income from any source and amount of any honoraria; list only the source the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source and amount of any ho	List the source, type, during the preceding
by the U.S. Government) totaling \$200 or more	SCHEDULE 1 - EARINED INCOME store (other than the filer's current employment by the U.S. Government) totaling \$200 or more	SCHEDULE ( -

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Ī Name lke N. Skelton Page 3 of 5

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		ω	2				If you so choo that of your sp in the optional	Exclude: Your debt owed to parent or sibli savings accou	ASSE Identify (a) ear a fair market v and (b) any oth than \$200 in "land, provide a mutual funds retirement plan in which you t investments), in the account plans that are and its value a that is not publis activities, a information, s	
	Wachovia Bank, McLean, VA	Trust detail: Fixed Income Mutual Funds, Commerce Bank	Trust detail: Financial Square Tax Free Money Market, Commerce Bank	Trust detail: Equity Mutal Funds, Commerce Bank	Trust Carolyn B. Skelton Estate, Commerce Bank, Kansas City, MO	Certificate of Deposit, B & L Bank, Lexington, MO	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	
	\$1,001 - \$1	\$100,001 - \$250,000	\$1,001 - \$15,000	\$15,001 - \$50,000	see below	\$1,001 - \$15,000			PLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Name
	5,000	ļ,	5,000			5,000			1d ISSet rting od onarket oecify d. If an and is ecause ecause oncome, d be	Name like N. Skelton
	\$1,001 - \$15,000 INTEREST	DIVIDENDS	INTEREST	DIVIDENDS	see below	INTEREST			Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	elton
	\$1 - \$200	\$2,501 - \$5,000	\$1 - \$200	\$201 - \$1,000	see below	\$1 - \$200			Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	
						0			BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	ragecopo

## SCHEDULE IV - TRANSACTIONS

Name lke N. Skelton

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP,		Type of		
JT	Asset	Transaction	Date	Amount of Transaction
	Certificate of Deposit, B & L Bank, Lexington, MO	q	10-02-07	\$1,001 - \$15,000
ω	Trust detail: Fixed Income Mutual Funds, Commerce Bank	P	period over time	\$2501 - \$5000

## **SCHEDULE V - LIABILITIES**

Name lke N. Skelton

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

		SP, DC, JT
B & L Bank, Lexington, MO (formerly Lafayette Co. Bank)	Congressional Federal Credit Union, Washington DC	Creditor
Open Note	Personal Loan	Type of Liability
\$15,001 - \$50,000	\$10,001 - \$15,000	Amount of Liability